



POTENTIAL HAZARDOUS WASTE SITE
FINAL STRATEGY DETERMINATION

REGION VII SITE NUMBER MOD 056958796

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME SILMASCO INC. / SILVER MAT SERVICE INC B. STREET 132 HANLEY COURT
C. CITY ST LOUIS COUNTY D. STATE MO E. ZIP CODE 63144

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED			X		
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.)					
C. REMEDIAL ACTION (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION RECOVERED SILVER FROM SPENT PHOTOGRAPHIC FIXER SOLUTION. OPERATION TERMINATED IN 1984. THERE IS NO EVIDENCE OF ANY ABANDONED OR UNCONTROLLED HAZARDOUS WASTE AT THIS SITE.

RCRA - TRANSPORTER

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.). G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.).

H. PREPARER INFORMATION

1. NAME

GENE GUNN 10-30-86

2. TELEPHONE NUMBER

(913) 236-2856

3. DATE (mo., day, & yr.)

10/29/86

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	SUPERFUND
	\$	NOV 12 1986
	\$	SITE LOG
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	

85 JUL REC'D



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
MO D056958796

96

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) SILMASCO-INC. / SILVERMAT SERVICE CO.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 132 HANLEY INDUSTRIAL CT.			
03 CITY BRENTWOOD	04 STATE MO	05 ZIP CODE 63144	06 COUNTY ST. LOUIS	07 COUNTY CODE 189	08 CONG DIST 02
09 COORDINATES LATITUDE 38° 36' 58".0 LONGITUDE 090° 20' 09".0					

10 DIRECTIONS TO SITE (Starting from nearest public road)

TAKE US 40 WEST FROM DOWNTOWN ST. LOUIS → EXIT SOUTH AT JUNCT. WITH LACLEDE STATION RD
→ CONTINUE ~ 2 MI. ON LACLEDE STATION → EXIT RIGHT (WEST) INTO HANLEY INDUST. CT.
→ FACILITY ON LEFT (SOUTH) AT 132 ADDRESS.

III. RESPONSIBLE PARTIES

01 OWNER (if known) ENGRAVINGS UNLTD. INC., M. BRIMER PRES.		02 STREET (Business, making, residential) AS ABOVE			
03 CITY AS ABOVE	04 STATE "	05 ZIP CODE "	06 TELEPHONE NUMBER (314) 781 7878		
07 OPERATOR (if known and different from owner) SILVERMAT SERVICE CO.		08 STREET (Business, making, residential) 10950 LIN-VALE DR., ST. LOUIS CO. MO 63123			
09 CITY LEMAI	10 STATE MO	11 ZIP CODE 63123	12 TELEPHONE NUMBER (314) 487 8774		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☐ A. RCRA 3001 DATE RECEIVED: 09.09.80 MONTH DAY YEAR
☐ B. UNCONTROLLED WASTE SITE (RCRA 103(c)) DATE RECEIVED: _____ MONTH DAY YEAR
☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE _____ MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input checked="" type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)	
CONTRACTOR NAME(S): _____			

02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN	03 YEARS OF OPERATION BEGINNING YEAR 1979 ENDING YEAR 1984 <input type="checkbox"/> UNKNOWN
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04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

SUPERFUND

JUL 08 1985

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

SITE LOG

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
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VI. INFORMATION AVAILABLE FROM

01 CONTACT MIKE DUVAL	02 OF (Agency Organization) AS BELOW		03 TELEPHONE NUMBER 1
04 PERSON RESPONSIBLE FOR ASSESSMENT AS ABOVE	05 AGENCY MDNR	06 ORGANIZATION DEQ-SCRO	07 TELEPHONE NUMBER (314) 849 1313
			08 DATE 05.03.85 MONTH DAY YEAR

85 JUL REC'D



EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: _____

(Acres)

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL ☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL ☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL ☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL ☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL ☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL ☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• MOD056958796

Silmasco Inc DBA Silvermat Service Co.
~~XXXX~~ 132 Hanley Industrial Court
St. Louis, MO 63144

INSTALLATION ADDRESS

132 Hanley Industrial Court
St. Louis, MO 63144

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

15 690 9191
PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS	
C	

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F M 0 0 0 5 6 9 5 8 7 9 6 3 1		8 0 0 9 0 9

I. NAME OF INSTALLATION

S i l m a s c o I n c d b a S i l v e r m a t S e r v i c e C o

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	
3 1 3 2 H a n l e y I n d u s t r i a l C o u r t	
CITY OR TOWN	ST. ZIP CODE
4 S t L o u i s M i s s o u r i	M O 6 3 1 4 4

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER	
5 1 3 2 H a n l e y I n d u s t r i a l C o u r t	
CITY OR TOWN	ST. ZIP CODE
6 S t L o u i s M i s s o u r i	M O 6 3 1 4 4

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 M a t t h e w s J o s e p h G P r e s i d e n t	3 1 4 - 6 4 5 - 5 5 7 5

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER	
8 R o b e r t L P r o o s t & J o s e p h J H a t a l a	

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

WM 0005695879634

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

Joseph G. Matthews, President

DATE SIGNED

9/9/80